State of Connecticut
GENERAL ASSEMBLY

PERMANENT COMMISSION ON
THE STATUS OF WOMEN

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Testimony of
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Before the
Human Services Committee
Tuesday, March 22, 2005

In Support of:
R.B. 1323, AAC the Administration of the Husky Plan, Part A and Part B
R.B. 6927, AAC Restoration of Services Available Under the State-Administered General Assistance Program
R.B. 6880, An Act Establishing a Pilot Program to Provide Home Care Services to Disabled Persons Eighteen to Sixty-Four Years of Age
R.B. 6875, AAC Administration of the Temporary Family Assistance Program
R.B. 6943, AAC Enhancements to the Medicaid Program
And comments re:
R.B. 1334, AAC Enhancements to the Child Care Subsidy Program

Good afternoon Senator Handley, Rep. Villano and members of the Committee. My name is Leslie Gabel-Brett and I am the Executive Director of the Permanent Commission on the Status of Women. Thank you for this opportunity to testify in favor of several important bills that will provide urgently needed health care to low-income adults and help lift families out of poverty. I am testifying on behalf of the PCSW and the Connecticut Women's Health Campaign which we convene and co-chair.

R.B. 1323, AAC the Administration of the Husky Plan, Part A and Part B
R.B. 6927, AAC Restoration of Services Available Under the State-Administered General Assistance Program

We urge you to restore stable, preventive health care for low-income adults through SAGA and HUSKY A. Routine preventive care keeps people healthy; increases

their employability; and saves the extra costs we all pay when uninsured people need health care for more serious medical needs. For the past year, an unusual coalition of groups including hospitals, community health centers, physicians, community advocates and foundations have been working together to urge restoration of the health care safety net in our state because it makes sense. When people are uninsured, they delay seeking medical care and are 25% more likely to die prematurely. They also tend to overburden hospital emergency rooms and shift the burden of uncompensated care to all of us.[1] In fact, the Center for Economic Analysis at UCONN estimates that uninsured residents of Connecticut received approximately $377 million in uncompensated care in 2002, and that our state loses between $584 million to $1 billion each year due to the increased mortality and morbidity of people without health insurance.[2] Failing to provide health insurance to low-income families is not only bad for their health, it is bad for our economy.

Although HUSKY A (Medicaid) currently provides health insurance coverage for children in households up to 185% of poverty, their parents and relative caretakers are not currently covered. Most uninsured adults are in working families (8 in 10).[3] But adults in households with incomes up to 185% of poverty (approximately $29,000 for a family of three) often cannot obtain health insurance because their employer does not offer it, or because they cannot afford to pay the premiums. Among those who are uninsured, nearly 30% have household incomes below $15,000 per year, and a total of 56% have household incomes below $25,000 per year.[4] According to the Connecticut Center for Economic Analysis, the average health insurance premium for a family of four if purchased commercially in Connecticut is $8,788, which would be half the family income for a family living at the federal poverty level.[5] Clearly, this is not a real option for low-income families.

Providing health insurance for the entire family under the same eligibility rules will also increase the number of children who receive health care.[6] The majority of parents and caretaker relatives of children covered under the HUSKY A program are single mothers. Many work part-time in low wage occupations. Restoring coverage to parents and caretaker relatives up to 185% of poverty makes HUSKY A an accessible family insurance program for poor and near poor families. It makes administrative sense and it makes family sense. Healthy children need healthy parents.

Strengthening HUSKY A by restoring presumptive and continuous eligibility for children will also increase health care for kids. Presumptive eligibility allows for same-day enrollment in HUSKY thereby allowing children to get care when they need it.
Continuous eligibility allows children to keep HUSKY for up to one year from enrollment or renewal regardless of small fluctuations in income and thus prevents them

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[1] Connecticut Health Policy Project, Policymaker Issue Brief #12, August, 2004
[2] Stan McMillen, Kathryn Parr, Moh Sharma, *Uninsured: The Costs and Consequences of Living Without Health Insurance in Connecticut*, Connecticut Center for Economic Analysis, University of Connecticut; Universal Health Care Foundation of Connecticut, December, 2004,.
[3] Connecticut Health Policy Project, *op. cit*.
[4] McMillen, *op.cit*., p. 4.
[5] McMillen, *op. cit*., p. 9.
[6] Lisa Dubay and Genevieve Kenney, "Expanding Public Health Insurance for Parents: Effects on Children's Coverage under Medicaid, *Inquiry*, Vol. 38, October 2003, pp. 1283-1302

from being bouncing off and on the program. At least 7,000 children lost HUSKY coverage when we eliminated continuous eligibility in 2003.

We also urge you to restore needed medical services to adults eligible for health care under the SAGA program. Adults eligible for SAGA are extremely poor, and are not eligible for HUSKY A (Medicaid) because they do not have dependent children. Women make up 40% of the eligible SAGA population. Some adult women become eligible for SAGA because their children reach the age of 19 and are no longer dependents. Many have behavioral health problems. Full funding of the SAGA program, plus restoration of essential coverage for needs such as eyeglasses, will allow these poor adults to obtain basic, preventative health care, usually through community health centers. When these adults are unable to obtain health care through SAGA, their health needs worsen and they inevitably seek care at hospital emergency rooms where it is most expensive.

We want to maintain a healthy Connecticut, and use our dollars wisely. Some will argue that these are good ideas, but we cannot afford them. But the question is not whether we can afford these programs – we are already paying the costs of allowing 10% of our state population to remain uninsured. Whether insured or not, low-income people will still have health needs that cost them and cost us. The question is whether we choose to spend the money for preventive health care rather than emergency care, so that we can help poor adults and working parents *before* they get sick.

R.B. 6880, An Act Establishing a Pilot Program to Provide Home Care Services to Disabled Persons Eighteen to Sixty-Four Years of Age

The Connecticut Women's Health Campaign includes representation from the Connecticut Women and Disability Coalition, and continues to address the concerns of women with disabilities. We support this proposed bill that would require the Department of Social Services to establish a state-funded pilot program for a maximum of fifty adults under the age of sixty-four to receive services at home in order to avoid unwanted institutionalization. The bill also directs DSS to apply for a federal waiver so that such services can be covered under Medicaid.

Since the U.S. Supreme Court ruling in *Olmstead*, it has been clear that our policies must support the best care possible for individuals in the least institutionalized setting. Low-income people with disabilities should have the same choices as others do to retain as much independence and quality of life as possible. Home care is also the most cost-efficient choice because it is less expensive than long-term care in a nursing home. We urge your support of this bill.

R.B. 6943, AAC Enhancements to the Medicaid Program

We support this proposed bill that would restore coverage for certain important medical services such as physical therapy and podiatry, create a short-term advisory council to review income and assets eligibility and other measures to strengthen the Medicaid program. We particularly want to highlight and support proposed section 2(b) which would add coverage for periodontal screening for pregnant women. Untreated periodontal disease is a risk factor for poor birth outcomes. Increasing access to

periodontal screening for low-income pregnant women will improve healthy outcomes for newborns.

R.B. 6875, AAC Administration of the Temporary Family Assistance Program

We support this proposed bill that would improve our Temporary Family Assistance program by allowing more recipients to participate in education and training and allow additional extensions of time for families who need them. Our TFA program needs to provide a genuine path out of poverty for low-income families. Many recipients now on the caseload need the time and opportunity to improve their skills in order to get and keep a job. As you may know, nearly half the people in the time-limited Jobs First program do not have a high school diploma, and only 12% have any post-secondary education.[7] Yet without a high school diploma, it is nearly impossible to secure a job. If we want to unlock the door for these parents and their children, we must invest in basic education including literacy, numeracy and English as a Second Language, and provide skill training in occupations that lead to employment and wages sufficient to gain economic security. The proposals in this bill are also a sound investment in our state's economy because businesses across the state need workers with good basic skills.

The link between education and training and economic success is clear. The Center for Law and Social Policy released a report entitled *Built to Last: Why Skills Matter for Long-Run Success in Welfare Reform*[8] in which they summarize the results of numerous national studies and Census data that demonstrate the link. For example, one national study of welfare recipients found that each year of schooling beyond high school increased wages by about 7 percent.[9] Census data from 1999 show that women with an associate degree earn more than twice as much as those without a high school diploma (about $24,000 annually compared to about $11,000) and 37 percent more than those with only a high school diploma (who earn about $17,000).[10]

R.B. 1334, AAC Enhancements to the Child Care Subsidy Program

While we support the underlying goal of this proposed bill to add funding and subsidized day care slots, we believe this bill does not accomplish these goals in the best way. Instead, we recommend that legislation be enacted requiring DSS to open the child care subsidy program to both TFA and non-TFA families earning at or below 75% of state median income. Moreover, we recommend that the per-child subsidies to state-funded centers be equal to those provided to School Readiness and other sites. Some state-funded centers are in serious financial trouble and may be forced to close because

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[7] *At-A-Squint, Jobs First Employment Services Participants Served by CTWorks, October 2004*

[8] Karin Martinson and Julie Strawn, Center for Law and Social Policy, April, 2003.

[9] *Ibid.,* citing Corcoran, M., & Loeb, S. (2001) Welfare, work experience, and economic self-sufficiency. *Journal of Policy Analysis and Management, 20*(1); see also Kane, T. J., & Rouse, C. E. (1995, June) Labor market returns to two and four year college. *American Economic Review*.

[10] *Ibid*., citing U.S. Census Bureau. (2000, December). Table 9: Earnings in 1999 by educational attainment for people over 18 years old and over, by age, sex, race, and Hispanic origin: March 2000. Washington, DC: Data cited is for females between the ages of 25 and 64, with earnings.

their funding streams are inadequate. In addition, all children, regardless of the program in which they are placed by their parents, should receive equal resources for safe, high quality early care and education.

Thank you for your attention to all these important matters. The PCSW is available to assist the committee in any way as you deliberate on these proposals.